

ASCH

2026

**ANNUAL SCIENTIFIC  
MEETINGS & WORKSHOPS**

New Frontiers in Hypnosis:  
Human Ingenuity, AI Innovation,  
and Ethical Boundaries

 VIRTUAL

**March 20–22, 2026**

# Integrating Pain Reprocessing Therapy Principles with Clinical Hypnosis for Chronic Pain

Michael Spertus, MD

March 21, 2026

# Presenter's Name



## Michael Spertus, MD

- Board-Certified in Family Medicine, Integrative Medicine, and Lifestyle Medicine
- ASCH certified in clinical hypnosis
- Advanced training in Pain Reprocessing Therapy
- Private practice in Integrative Medicine, Mind-Body Medicine, and professional coaching (SpertusMD, PLLC)
- Voluntary Asst Prof. at the University of Miami Miller School of Medicine

# Disclosures

**ASCH and ASCH-ERF jointly provided this program.**

**No staff or committee members involved in the development, planning or execution of educational content have any financial relationships or conflicts of interest to disclose.**

**Michael Spertus, MD has no significant financial relationships or conflicts of interest to disclose.**

# Continuing Education & Accreditation Statement

This program has been approved by the American Society of Clinical Hypnosis Standards of Training Committee to be used toward Membership and Certification requirements.

The American Society of Clinical Hypnosis-Education and Research Foundation (ASCH-ERF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Society of Clinical Hypnosis-Education and Research Foundation (ASCH-ERF) designates this live activity for a *maximum of 57 AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program is Approved by the National Association of Social Workers (886386995-7390) for 57 continuing education contact hours.

This course is approved by the American Society of Clinical Hypnosis and as such is an approved continuing education course per Florida's AC-Rule 64B-4-6002 American Society of Clinical Hypnosis-ERF is designated as an Approved PACE Program Provider.



The American Society of Clinical Hypnosis Education & Research Foundation Nationally Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. 10/1/2024 to 9/30/2027. Provider ID#217022



American Group Psychotherapy Association (AGPA) is approved by the American Psychological Association to sponsor continuing education for psychologists and the American Society of Clinical Hypnosis (ASCH). American Group Psychotherapy Association (AGPA) is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists.

# Learning Objectives

**At the conclusion of this session, participants will be able to:**

- **Describe the core principles of Pain Reprocessing Therapy (PRT)**
- **Compare the theory, mechanistic basis, and research between PRT and clinical hypnosis in improving chronic pain**
- **Apply the principles of PRT in hypnotic interventions and vice versa**

**What is “PRT?”**

# Boulder Back Pain Study

Research

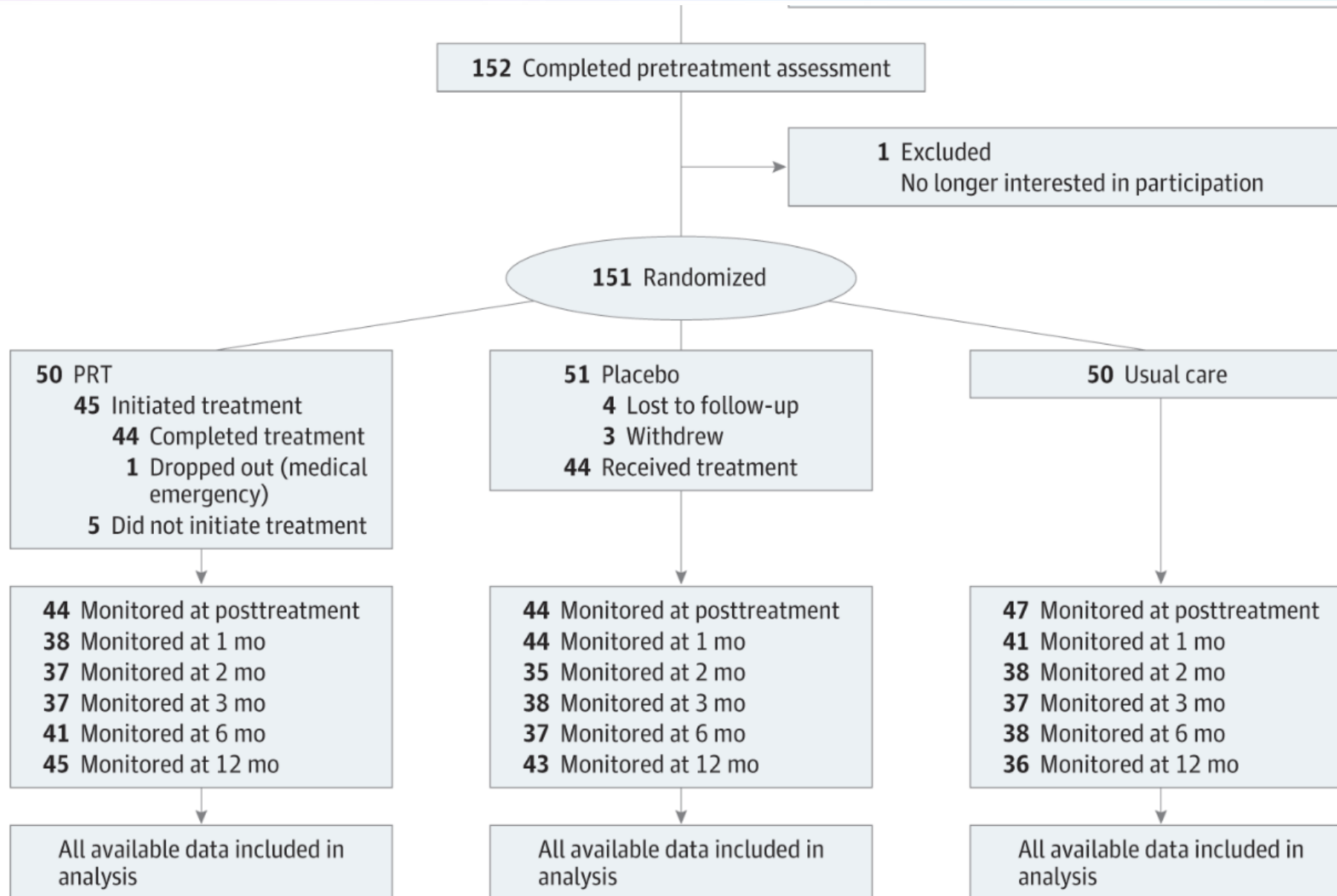
JAMA Psychiatry | [Original Investigation](#)

## Effect of Pain Reprocessing Therapy vs Placebo and Usual Care for Patients With Chronic Back Pain A Randomized Clinical Trial

Yoni K. Ashar, PhD; Alan Gordon, LCSW; Howard Schubiner, MD; Christie Uipi, LCSW; Karen Knight, MD; Zachary Anderson, BS; Judith Carlisle, MA; Laurie Polisky, BA; Stephan Geuter, PhD; Thomas F. Flood, MD, PhD; Philip A. Kragel, PhD; Sona Dimidjian, PhD; Mark A. Lumley, PhD; Tor D. Wager, PhD

JAMA Psychiatry. 2022;79(1):13-23. doi:10.1001/jamapsychiatry.2021.2669 Published online September 29, 2021.

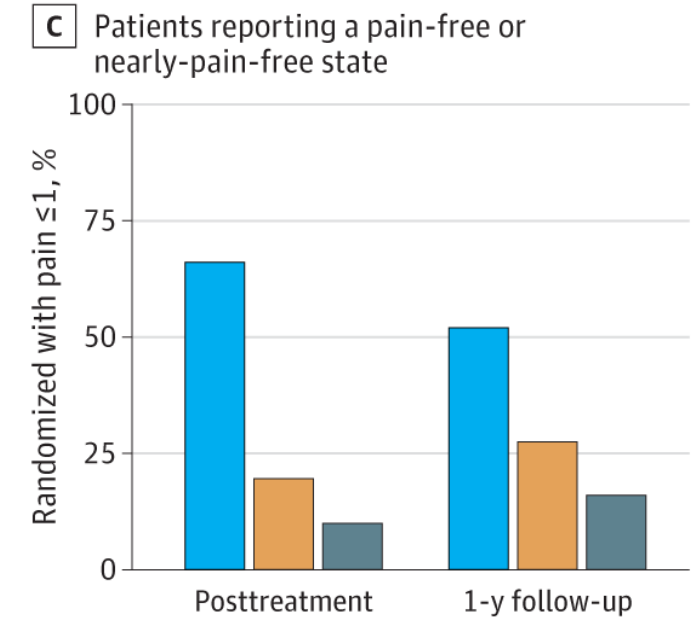
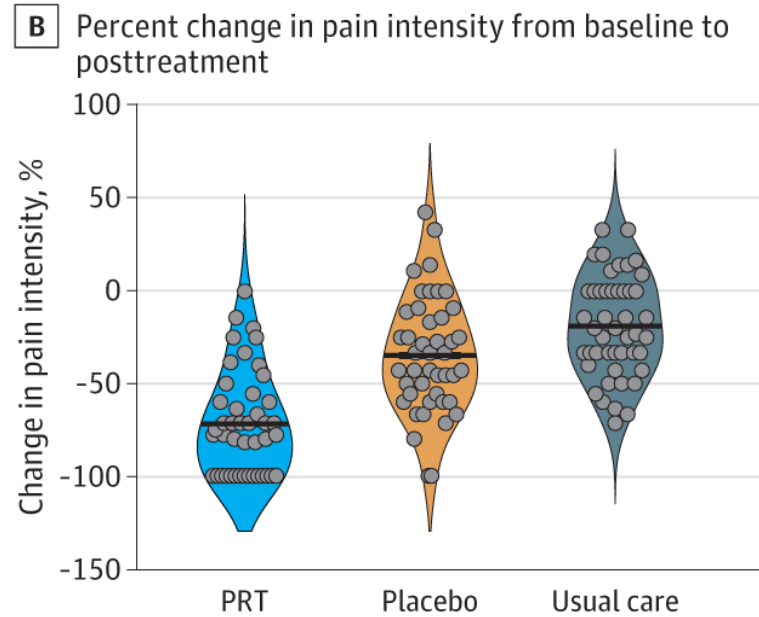
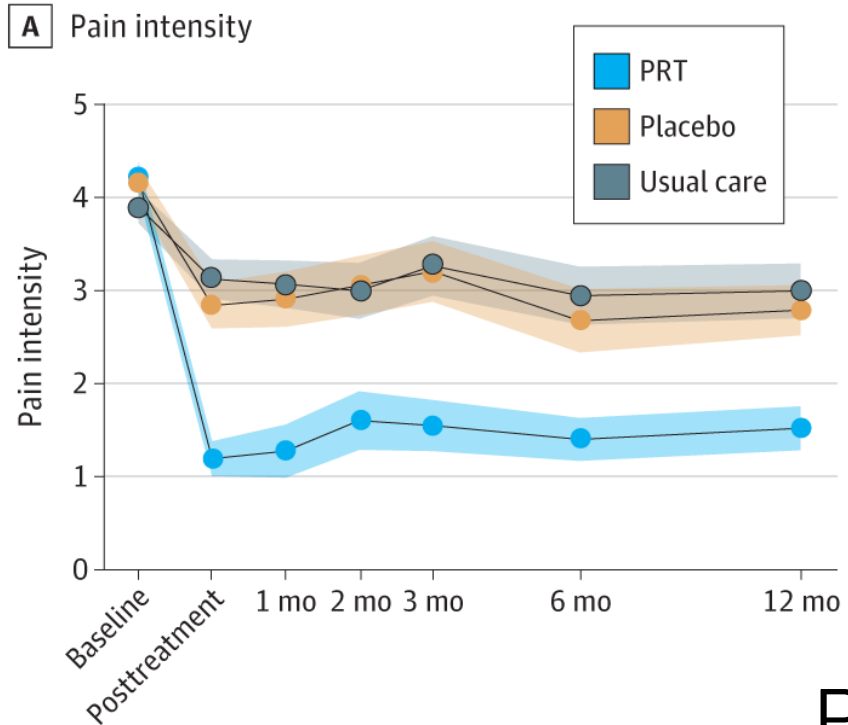




# Measures

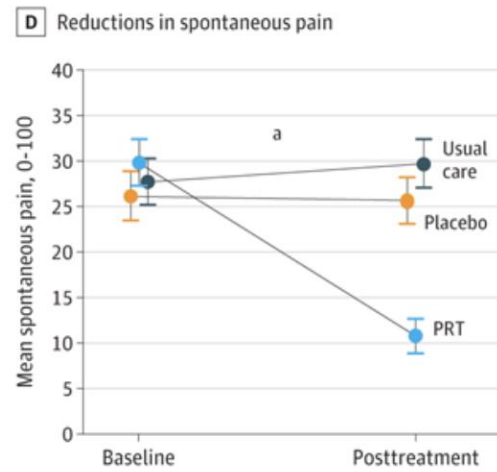
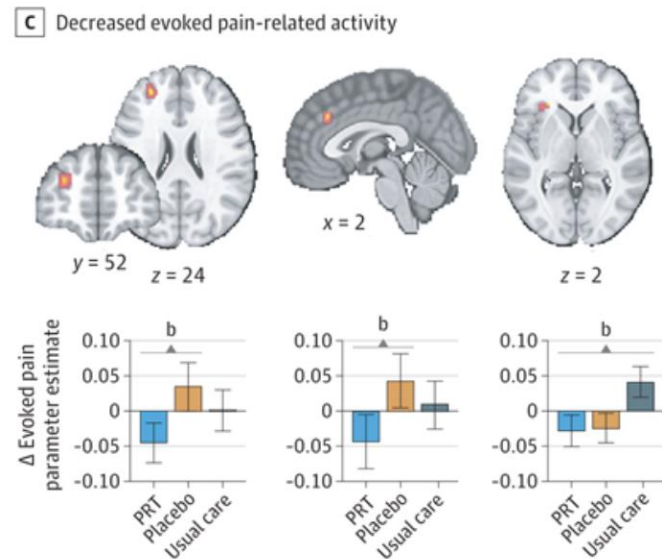
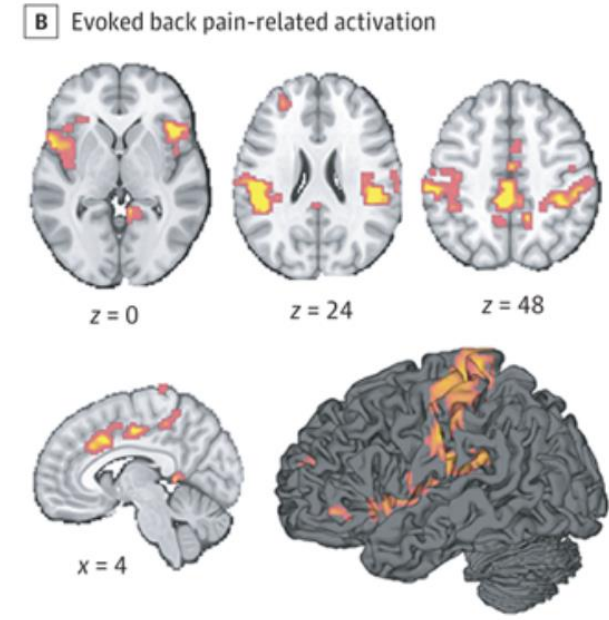
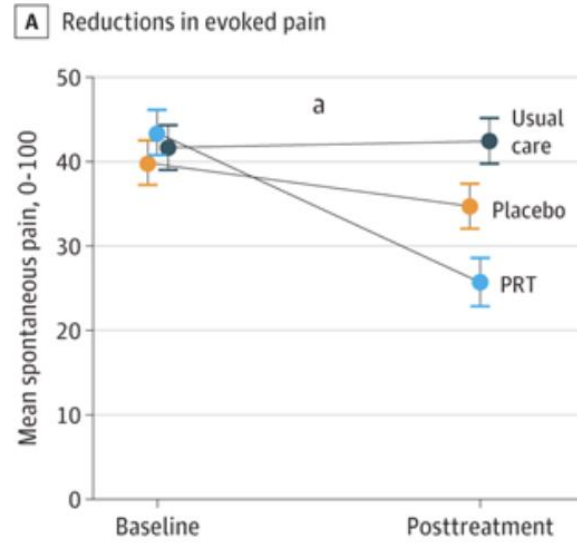
- Primary Outcome: average pain over the last week on a numerical rating scale from 0 to 10 from the Brief Pain Inventory Short Form, assessed at the 1-month postbaseline session.
  - Also measured proportion of those with 30% and 50% pain reduction, and pain of 0-1 (pain-free or nearly pain-free)
- Secondary outcomes: pain interference (Oswestry Disability Index), PROMIS for depression, anxiety, anger, and sleep quality, and the Positive and Negative Affect Scale
- 3 measures of pain beliefs as potential mediators: Tampa Scale of Kinesiophobia (TSK-11), Pain Catastrophizing Scale (PCS), and Survey of Pain Attitudes Emotional subscale (SOPA-Emotion)
- Neuroimaging: fMRI with evoked back pain on distension and spontaneous pain scanning

# Why the buzz?



PRT: 66% Pain free or nearly pain free posttreatment!

# fMRI Findings



- **At 5-year follow-up, 55% of PRT participants remained pain-free or nearly pain-free, compared to 26% of placebo and 36% of usual care participants.**

Ashar YK, Low EL, Knight K, et al. Pain Reprocessing Therapy vs Placebo and Usual Care for Patients With Chronic Back Pain: 5-Year Follow-Up of a Randomized Clinical Trial. *JAMA Psychiatry*. 2025;82(10):1049–1051.

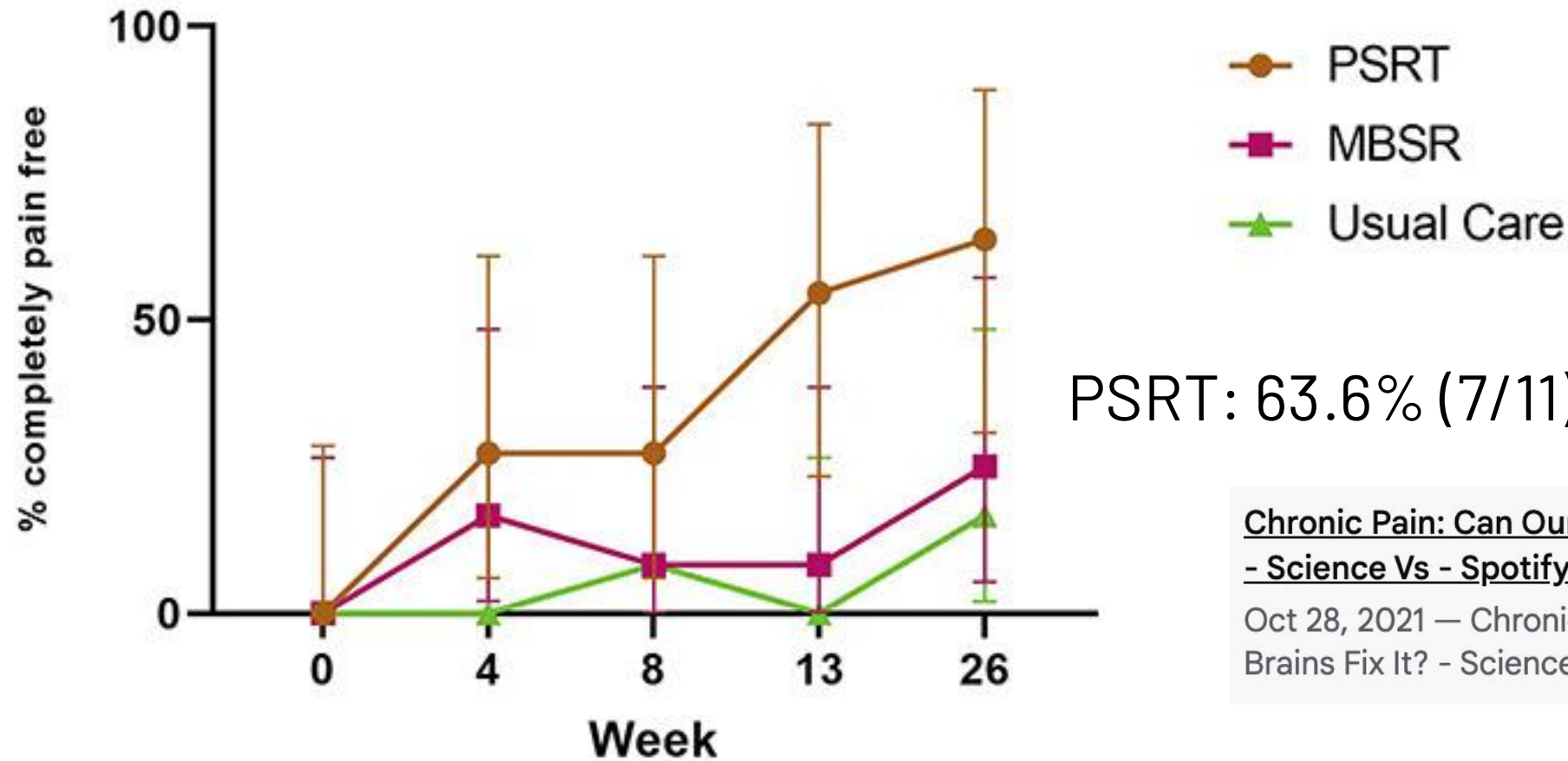
# How does PRT compare to other psychological treatments for chronic pain?

Intervention	Evidence Level	Effect Size (Pain Intensity)
<b>PRT</b>	Single high-quality RCT	g : -1.14-1.74
<b>Hypnosis (meta-analytic)</b>	Multiple meta-analyses	g ≈ -0.5
<b>CBT (chronic pain overall)</b>	Multiple meta-analyses	SMD: -0.2 to -0.4
<b>ACT</b>	Multiple meta-analyses	SMD: -0.35 to -0.45
<b>MBSR</b>	Meta-analysis	SMD: -0.46-0.76

Sources: Adachi T, et al. *Meta-analysis of hypnosis for chronic pain*. Int J Clin Exp Hypn.; Haugmark T, Hagen KB, Smedslund G, Zangi HA. Mindfulness- and acceptance-based interventions for patients with fibromyalgia - A systematic review and meta-analyses. *PLoS One*. 2019;14(9):e0221897. Lai L, Liu Y, McCracken LM, Li Y, Ren Z. The efficacy of acceptance and commitment therapy for chronic pain: A three-level meta-analysis and a trial sequential analysis of randomized controlled trials. *Behav Res Ther*. 2023;165:104308.; Liu X, Yuan W, Gao X, et al. Efficacy of cognitive behavioral therapy for musculoskeletal pain: a systematic review and meta-analysis. *Front Psychol*. 2025; Ma TW, Yuen AS, Yang Z. The Efficacy of Acceptance and Commitment Therapy for Chronic Pain: A Systematic Review and Meta-analysis. *Clin J Pain*. 2023;39(3):147-157. Thompson T, Terhune DB, et al. *Clinical hypnosis for pain: A meta-analysis*. Neurosci Biobehav Rev. 2019.; Williams ACC, Fisher E, Hearn L, Eccleston C. Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database Syst Rev*. 2020; Zhu M, Wong SY, Zhong CC, et al. Which type and dosage of mindfulness-based interventions are most effective for chronic pain? A systematic review and network meta-analysis. *J Psychosom Res*. 2025;191:112061.

# Of Note: PSRT: Psychophysiological Symptom Relief Therapy

Percent of patients with complete pain relief



PSRT: 63.6% (7/11) Complete Pain Relief!

Chronic Pain: Can Our Brains Fix It?  
- Science Vs - Spotify

Oct 28, 2021 — Chronic Pain: Can Our Brains Fix It? - Science Vs | Podcast...



Donnino MW, Thompson GS, Mehta S, et al. Psychophysiological symptom relief therapy for chronic back pain: a pilot randomized controlled trial. *Pain Rep.* 2021;6(3):e959. Published 2021 Sep 23.

# PSRT Desensitization

- After completing the educational component, **desensitization techniques** were used with the goal of reversing the conditioned response to a physical stimulus that was not the primary cause of the pain. Desensitization techniques included **imagining doing a physical activity with visual motor imagery** (eg, bending to pick up heavy books) that would typically elicit pain. The experience that visualization alone can elicit pain allows for the two-fold therapeutic approach of reinforcing that their pain was psychophysiologic but also serves as a means of then desensitizing from this pain by repeated visualization with the knowledge that they were safe. **After pain could no longer be elicited by visualization**, participants were encouraged to gradually **resume physical activity similar to levels undertaken before pain onset** (see Appendix, available at <http://links.lww.com/PR9/A129> for full details).

# Potential Limitations of PRT and PSRT

- Non-specific back pain only
- Low use or did not comment on use of opioid medications
- Potential Selection Bias
- Used dedicated experts to deliver treatments
- Blinding issues

**But what IS PRT? How do you “do” PRT?**

# Key principles and components of PRT



## **Pain Neuroscience Education (Reattribution: Pain Comes from the Brain)**

Emphasis on Neuroplastic Pain, gathering evidence in support (buy-in)



## **Safety Reappraisal**

Somatic Tracking, resume avoided movements/activities (exposure)

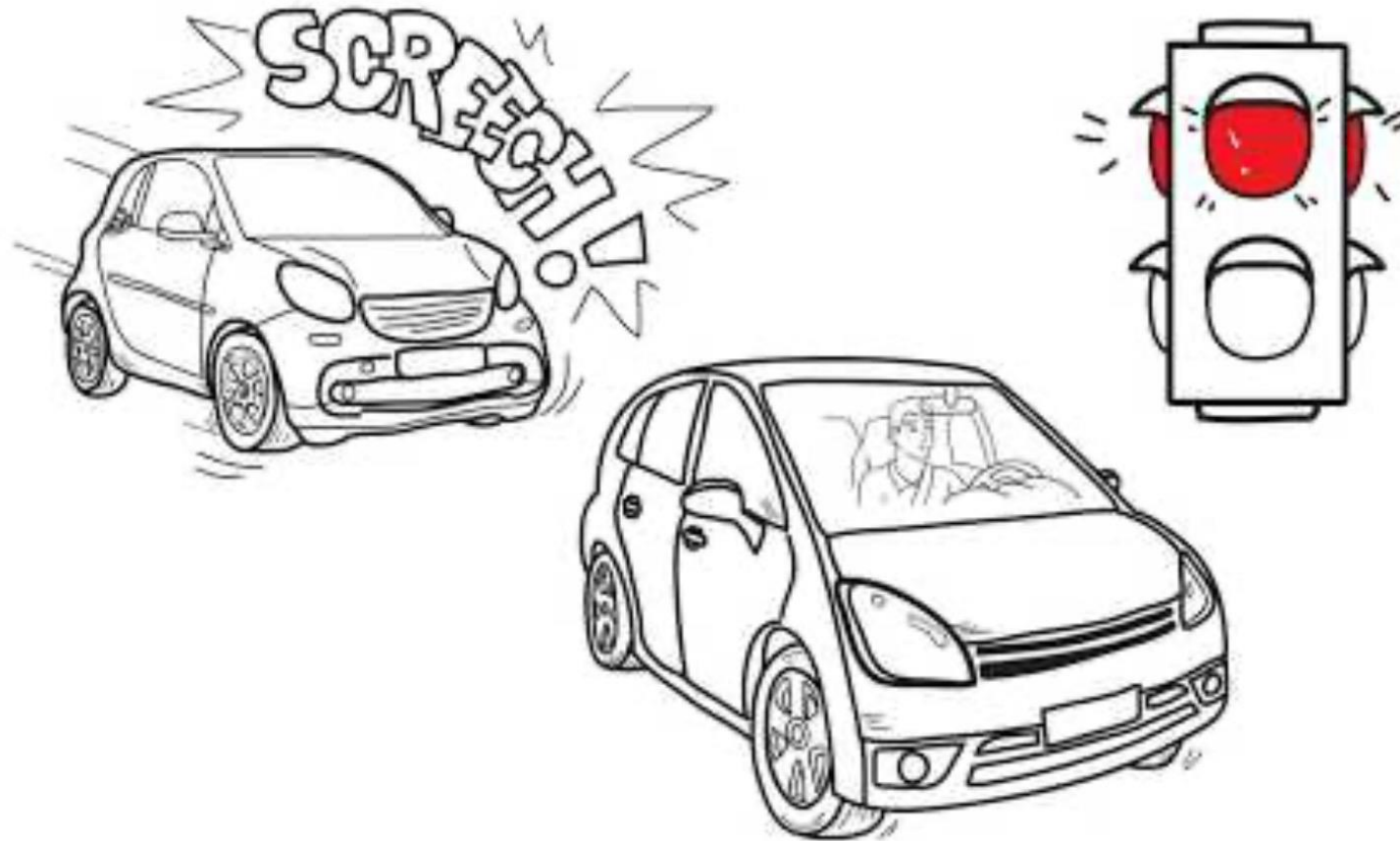


## **Addressing Emotional Threats**



## **Positive Affect Induction**

# PNE



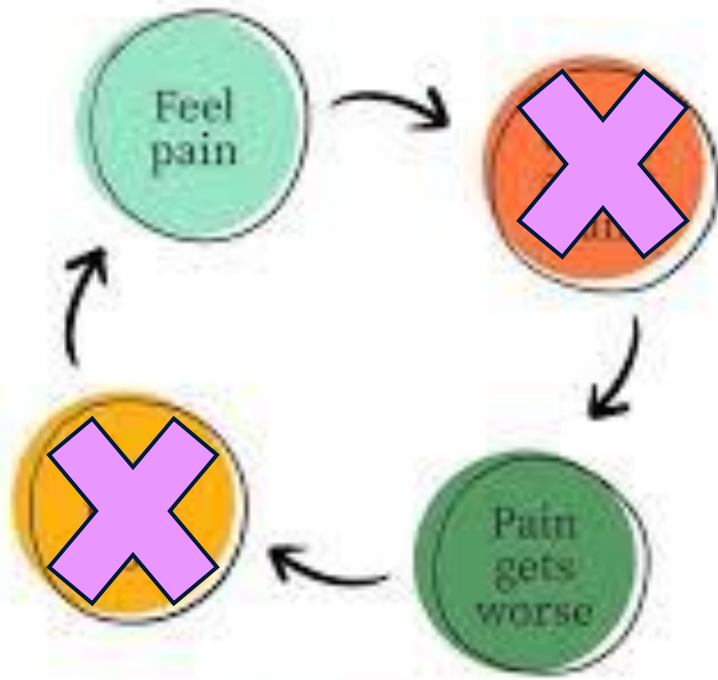
Source: HealingTrack, PainReprocessingTherapy.com

# Neuroplastic Pain

- “In Pain Reprocessing Therapy (PRT), ‘neuroplastic pain’ results from the brain misinterpreting safe messages from the body as if they were dangerous. In other words, neuroplastic pain is a false alarm.” <https://www.painreprocessingtherapy.com/neuroplastic-pain/>
  - Real pain generated by learned, reversible brain processes rather than ongoing tissue damage.
  - AVOIDS “psychogenic”
  - Related terms: Central sensitization, chronic pain syndrome, nociplastic pain, pain amplification syndrome, persistent pain syndrome

# Pain-Fear Cycle

The chronic pain cycle

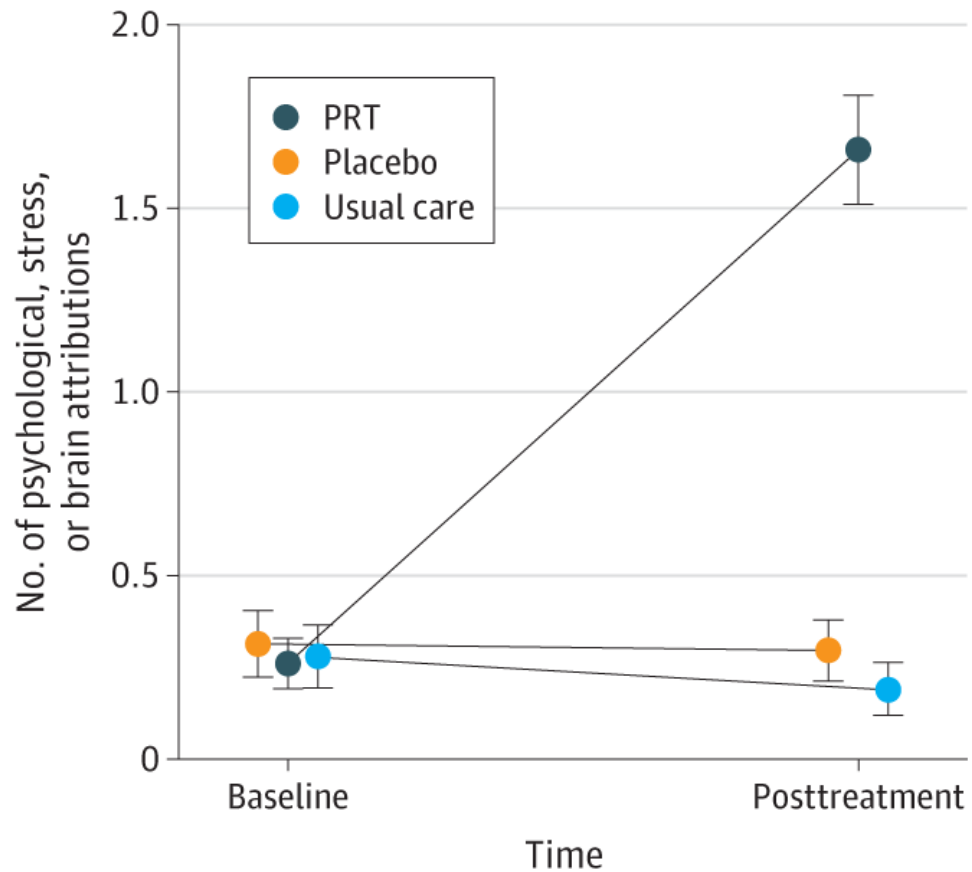


@alantgordon

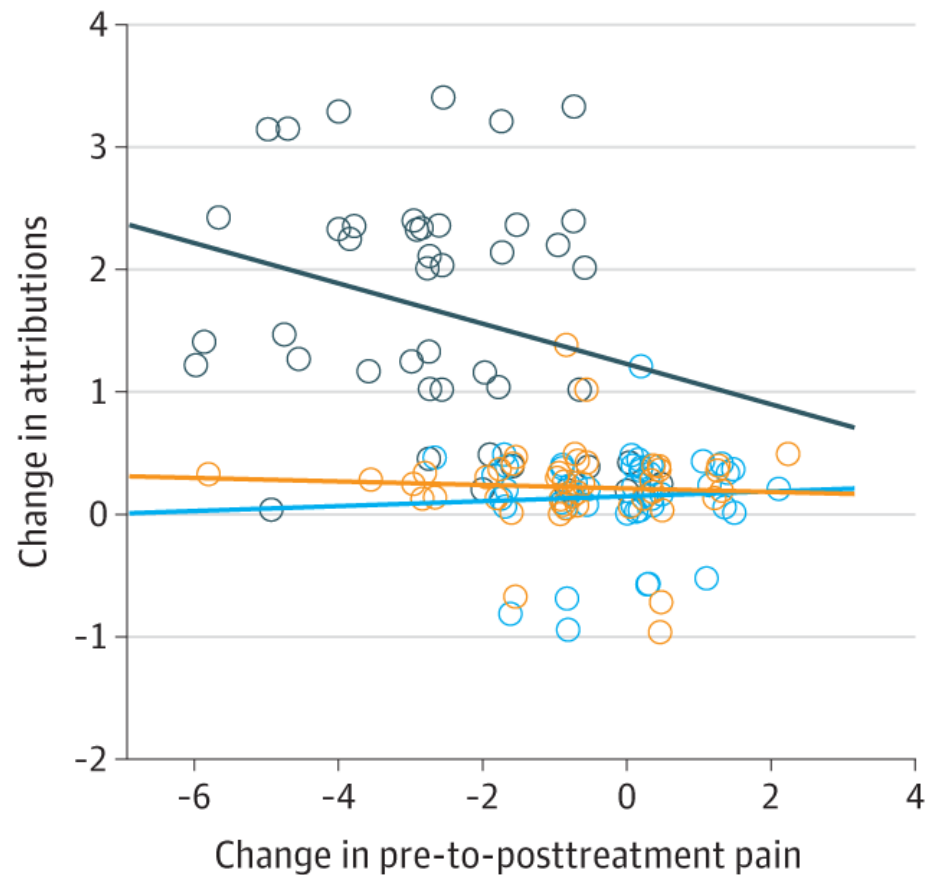


# The Role of Reattribution

**A** Psychological, stress, or brain attributions



**B** Association of attributions with changes in pre-to-posttreatment pain



Ashar YK, Lumley MA, Perlis RH, Liston C, Gunning FM, Wager TD. Reattribution to Mind-Brain Processes and Recovery From Chronic Back Pain: A Secondary Analysis of a Randomized Clinical Trial. *JAMA Netw Open*. 2023;6(9):e2333846.

# What makes PRT unique?

- Explicitly Targets Pain Reduction and Elimination (strong, DIRECT suggestions)
- Reattribution as an active mechanism
- Pain Neuroscience Education
- Bottom up and top down (safety as felt, not just cognitively reframed)
- Integrative: draws from CBT, mindfulness, somatic therapies, emotional expression, others

# Integrating Hypnosis with PRT

# Recent Statement from Pain Reprocessing Weekly

- “You can combine PRT with methods such as cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), eye movement desensitization and reprocessing (EMDR), internal family systems (IFS), or emotional awareness and expression therapy (EAET), to name a few. A combination of techniques and therapeutic modalities can help patients reduce fear, lower anxiety, alleviate trauma, enhance emotional awareness and expression, and achieve a sense of calm and safety. By integrating these different approaches, you can address the full spectrum of healing and achieve recovery.”

# Ways to Use PRT Principles with Hypnosis

- Provide/recommend medical assessment when available
- Pain neuroscience education (including images, videos)
- Evidence for neuroplastic pain
- Hypnotic suggestions on pain reattribution
- Hypnotic suggestions reducing fear and targeting safety
  - (breaking the pain-fear cycle)
- Incorporating somatic tracking, mindfulness, acceptance
- Incorporating positive affect induction, storytelling, humor
- Have patients/clients engage with related videos, podcasts, VR, books, workbooks to complement hypnosis
- Dose?

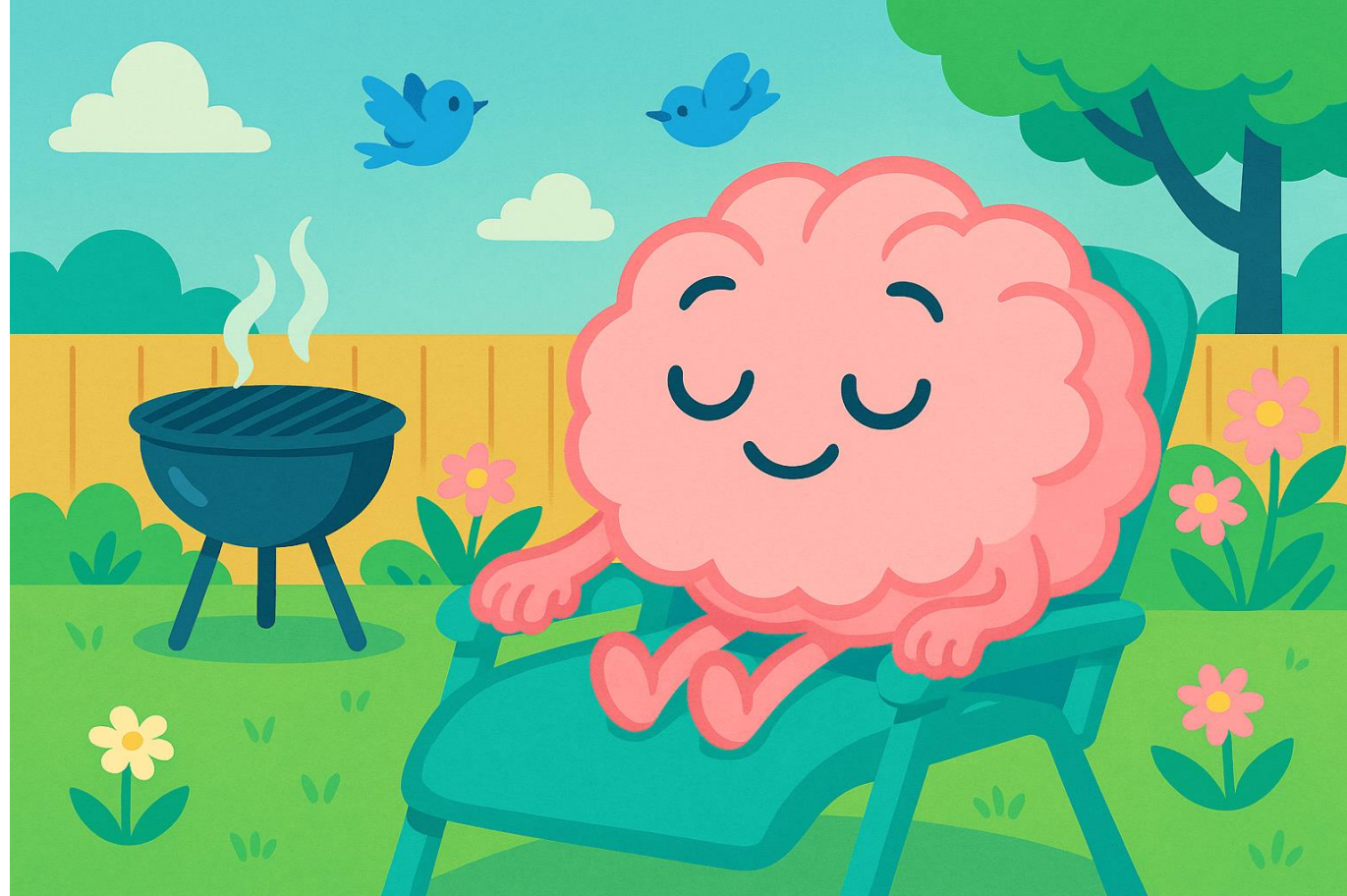


# Ways to use Hypnosis to Potentially Enhance PRT

- Pre-trance language around treatment, efficacy, and pain neuroscience education
- Guided hypnosis:
  - Facilitation/Induction before somatic tracking
  - Vary levels of deepening/intensification
  - Ratification
  - Pendulation
  - Imagery, visualization, desensitization, imaginal exposure, hypnotic phenomena
  - Exploratory work
  - Parts work, anthropomorphizing, symbolism, metaphor, humor, storytelling,
  - Music, aromatherapy, VR, acupressure, other innovations



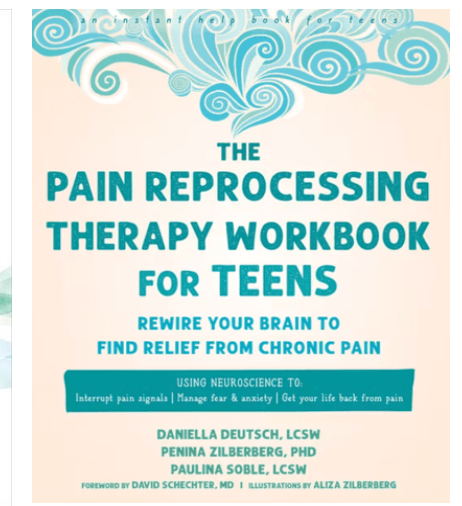
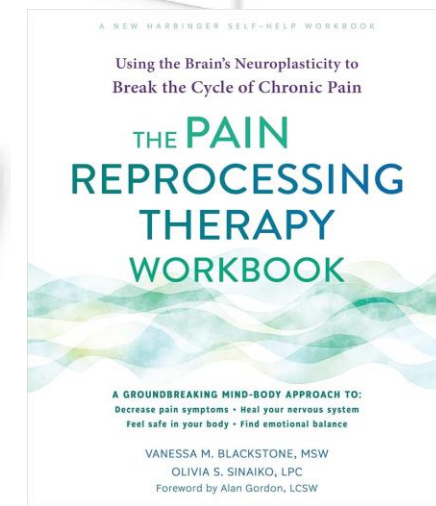
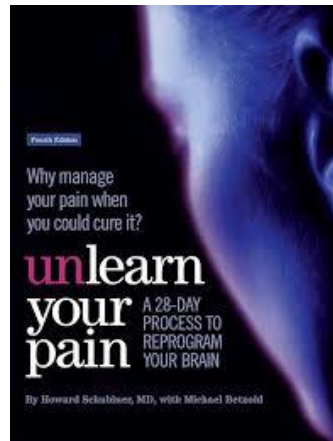
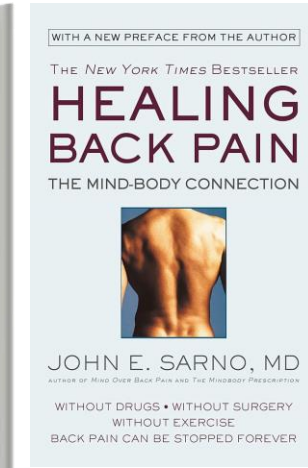
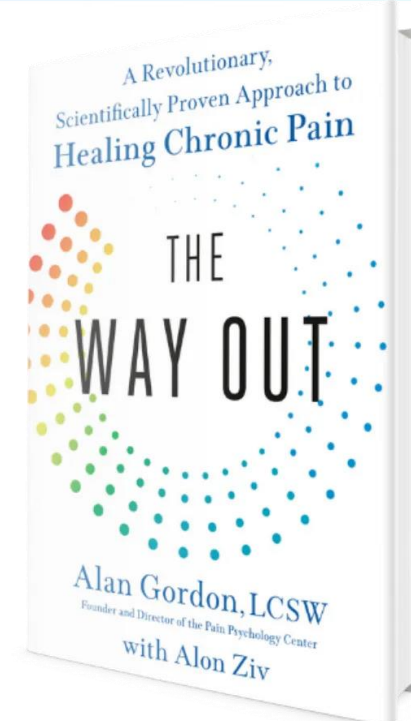
# Hypnotic Somatic Tracking Experiential



# Resources



- <https://www.painreprocessingtherapy.com/>
- Alan Gordon's free 21-Day Pain Recovery Program:
- Association for the Treatment of Neuroplastic Symptoms (ATNS) (formerly PPDA)
- Podcasts: Pain Reprocessing Therapy Podcast; Like Mind, Like Body Podcast; The Cure for Chronic Pain with Nichole Sachs, LCSW



# Takeaways

- PRT is a promising tool in the mind-body arsenal of chronic pain treatments
- PRT focuses on reattribution, shifting from “damage” to brain-generated and safe
- Key PRT principles: PNE, safety reappraisal, addressing emotional threats, and positive affect induction
- Hypnosis can amplify conditions for change/learning in PRT
- PRT principles may, in turn, increase hypnotic efficacy
- PRT and hypnosis are naturally integrated!



# Q & A

An icon depicting two stylized human figures in white. The figure on the right has a speech bubble above it containing a question mark, symbolizing a question and answer session.

# Contact Information



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